

**UTILITY
PATENT APPLICATI
TRANSMITTAL**
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	212833U38 DIV
First Inventor or Application Identifier	Mitsuyo NAG
Title	ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR MONOCLONAL ANTIBODY
Assignee Name:	Ajinomoto Co., Inc.
Assignee Address:	15-1, Kyobashi 1-chome, Chuo-ku, Tokyo 104, JAPAN

PTO
jc997/923952
08/08/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

J 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	Total Sheets 57
J 1003 S 2. <input checked="" type="checkbox"/> Specification	Total Sheets 57
P 3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113)	Total Sheets 14
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages 3
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R., §1.63(d)) (for continuation / divisional w/ box 17 completed)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
a. <input type="checkbox"/> Computer Readable Form (CRF)	
b. Specification or Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.: 09/299,016

Prior application information: Examiner: F. VANDER VEGT

Group Art Unit: 1644

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

<input checked="" type="checkbox"/> This application is a	<input type="checkbox"/> Continuation	<input checked="" type="checkbox"/> Division	<input type="checkbox"/> Continuation-in-part (CIP)
of application Serial No.	09/299,016	Filed on	April 26, 1999, now allowed, which is a division of application Serial No. 08/836,982, filed June 27, 1997, now U.S. Patent No. 5,916,805, which was filed as International Application No. PCT/JP95/02435.
<input type="checkbox"/> Which was published in English			
<input type="checkbox"/> Which was not published in English			
<input type="checkbox"/> This application claims priority of provisional application Serial No.		Filed	

19. CORRESPONDENCE ADDRESS



22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	5/8/01
Name:	James J. Kelly, Ph.D.	Registration No.:	41,504

Docket No. 212033US0 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

- INVENTOR(S) Mitsuyo NAGANO, et al.
SERIAL NO: New Application
FILING DATE: Herewith
FOR: ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR MONOCLONAL ANTIBODY

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	7 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$710.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$710.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.

A check in the amount of \$710.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 7/31/04



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/00)

Norman F. Oblon
Registration No. 24,618

James J. Kelly, Ph.D.
Registration No. 41,504